

# Health Insurance Status and Self-Perceived Health

*[Announcer] This program is presented by the Centers for Disease Control and Prevention.*

[Latoya Simmons] Welcome to this edition of *PCD Sound Bites*. I'm your host Latoya Simmons. Health insurance plays a critical role in the well-being of Americans. It can help improve access to and affordability of care, which can be critical to managing chronic conditions. But lack of adequate insurance coverage and not being able to afford care is associated with mental distress. With me today is Dr. Machell Town, a branch chief and statistician with CDC's Division of Population Health. We'll be discussing her team's recently published research which addresses the role health insurance status plays on self-perceived health and reported mental distress among working-aged adults. Thank you for joining me, Machell.

[Machell Town] Thank you for having me, Latoya.

[Latoya Simmons] Give us a brief overview of your study.

[Machell Town] Having health insurance and being able to see a doctor regularly is critical in keeping chronic conditions under control. The purpose of our study was to examine the association between having health insurance coverage, type of insurance coverage, and reports of self-rated poor or fair health, and frequent mental distress. We used data from the 2014 Behavioral Risk Factor Surveillance System, which is the premier system of telephone surveys that collect data from health risk behaviors, chronic health conditions, and use of preventive services among adults. Our analysis showed that among adults ages 18 to 64, there is a significant association between self-perceived health, frequent mental distress, and health insurance status or type of insurance.

[Latoya Simmons] Tell us what self-rated health status is and why it's so important in this study.

[Machell Town] Self-rated health is a commonly used measure of overall well-being in public health surveillance. Survey participants were asked, "Would you say that, in general, your health is excellent, very good, good, fair, or poor." This question has been used as a benchmark in several large health surveys, such as the Behavioral Risk Factor Surveillance System, National Health Interview Survey, and the National Health and Nutrition Examination Survey. Although self-rated health may seem like a subjective way to assess one's health status, it has been validated as a proxy measure of overall health. It is strongly associated with morbidity and mortality. Self-rated health has been used as one of the key indicators for the Healthy People 2020 objectives by the Center for Disease Control and Prevention.

[Latoya Simmons] What did you find when you looked at the difference between insured and uninsured adults?

[Machell Town] In this study, we looked at differences by insurance status, that is, whether respondents were adequately insured, under insured, or never insured. We found that, compared with adults who were adequately insured, under insured adults were 39 percent more likely to report having fair or poor health, and never insured adults were 59 percent

more likely to report this low health status. Both under insured and never insured adults were 38 percent more likely to report frequent mental distress. These findings were observed after we considered the potential effects that sociodemographic status, behavioral risk factors, and multiple chronic conditions and disabilities may have on these findings. We also looked at the differences by type of insurance. We found that, compared with adults who had employer-based insurance, those who had Medicare or Medicaid were 28 percent more likely to report poor or fair health, and those who had other public insurance coverage were 13 percent more likely to report poor or fair health. Both groups were 15 percent more likely to report having frequent mental distress.

[Latoya Simmons] What can be done to bridge the gap in mental health status between insured and uninsured?

[Machell Town] The frequent mental distress measure used in our study is one of the components of health-related quality of life measures. We defined frequent mental distress as having 14 or more days of poor mental health in the past 30 days. In our study, we found both uninsured and never-insured working-aged adults were more likely to report having frequent mental distress than those who were adequately insured. Now, even though the type of data we studied can't be used to show cause-and-effect relationships, we can say that there's an association. It's not something that we have just observed by chance. It's highly possible that people who lack sufficient insurance coverage to pay for needed medical care also experience some degree of anxiety or mental distress. In fact, our study demonstrates this relationship exists, even though we account for other factors that may have contributed, such as sociodemographics, behavioral risk factors, and having chronic conditions and disabilities.

[Latoya Simmons] Machell, how is your research different from studies conducted in the past?

[Machell Town] Most of the previous studies on health insurance status compared two situations, such as if someone was covered or not when the survey was conducted. In the 2014 Behavioral Risk Factor Surveillance System, there was detailed information available on health insurance coverage, such as continuously insured or partially insured with gaps in the previous 12 months, type of insurance, and cost barriers for getting needed care. So, in this study, we were able to compare being adequately insured, underinsured, and not insured at all in the previous 12 months. Adequately insured was defined as those who were continuously insured over the past 12 months and had no cost barriers for access to care. Cost barriers were defined as adults who needed to see a doctor or to take prescription medication but could not because of cost. Underinsured were defined as those who had insurance coverage but had a gap in coverage or had cost barriers hindering his or her access to care in the past 12 months. And never-insured referred to those who had no insurance coverage at all in the past 12 months. In addition, we were able to analyze data by the type of insurance people had so we could distinguish between employer-based insurance, self-purchased plans, those participating in Medicare or Medicaid, or having other public insurance. This kind of surveillance has not been previously conducted, so our study can provide valuable information on the associations between health insurance status, self-rated health, and frequent mental distress.

[Latoya Simmons] What impact does this research have on public health?

[Machell Town] This study provides another piece of the puzzle for identifying opportunities to promote good health and well-being. The results of our study suggest that continuing efforts to increase health insurance coverage and reduce cost barriers for needed medical care may help the U.S. population achieve optimal overall health and reduce mental distress.

[Latoya Simmons] Thank you, Machell. You can read her study, “Self-perceived Poor/Fair Health, Frequent Mental Distress and Health Insurance Status among Working-Aged U.S. Adults,” online at [cdc.gov/pcd](https://www.cdc.gov/pcd).

*The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.*

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